

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachus	setts	File with: City or Town Clerk or Election	n Commi
Fill in Re	eporting Period dates: Beginning Date:	n. 1,2019 Ending Date: October 18,0	
Type of 1	Report: (Check one)		1
8th day	y preceding preliminary 8th day preceding election	30 day after election year-end report disse	olution
	Michael Burkart		
	Candidate Full Name (if applicable)	Committee Name	
Hou	SING AUTHORITY CORPE		
93	Office Sought and District AUSIU WOOD RA	Name of Committee Treasurer	
	Residential Address	Committee Mailing Address	
E-mail:	maburtarta concestive	E-mail: Phone # (optional):	E .
Phone # (opti	ional):	rnone # (optional).	/
	SUMMARY BALANC	E INFORMATION:	
*	Line 1: Ending Balance from previous report		
	Line 2: Total receipts this period (page 3, line 11)		
	Line 3: Subtotal (line 1 plus line 2)		
5	Line 4: Total expenditures this period (page 5, lin	ne 14)	
	Line 5: Ending Balance (line 3 minus line 4)	- C	
	Line 6: Total in-kind contributions this period (pa	age 6)	
	Line 7: Total (all) outstanding liabilities (page 7)		
	Line 8: Name of bank(s) used:	ие	
I certify that I activity, inclu-	Committee Treasurer: have examined this report including attached schedules and it is, to the best ding all contributions, loans, receipts, expenditures, disbursements, in-kind of the persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the camp	ı finance baign
	the penalties of perjury:	Date	
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)	
I certify t	te with Committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in accomply liabilities nor made any expenditures on my behalf during this reporting	cordance with the requirements of M.G.L. c. 55. I have not received any co	paign fina ntribution
Fcertify t	te without Committee that I have examined this report including attached schedules and it is, to the ctivity, including contributions, loans, receipts, expenditures, disbursements in finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents s candidate in accordance with the requirements of M.G.L. c. 55.	s the
Signed under	the penalties of perjury: Me Das & Bee D	Candidate's signature) Date: 10/28	119

## **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Data Parat	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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ne 9: Total Receipt	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ne 11: TOTAL RE	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
1	eceints of \$50 and under include them in line 0		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.